



COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

Public Works Department
Transit Services Division



950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617

Phone: (530) 477-0103 Toll free: (888) 660-7433 Fax: (530) 477-7847

www.NevadaCountyNow.us or

www.nevadacountyconnects.com

Email: NevCoConnects@co.nevada.ca.us

Robin Van Valkenburgh, Transit Services Manager

ADA PARATRANSIT ELIGIBILITY APPLICATION

Nevada County Transit Services Division, through Nevada County Now, provides Americans with Disabilities Act (ADA) compliant paratransit services in the western portion of Nevada County. ADA Paratransit services are provided within 3/4 of a mile of local Gold Country Stage bus routes, with the same days and hours of operation. The service area includes Grass Valley, Nevada City and parts of Rough and Ready, Penn Valley and Lake Wildwood with limited service to Alta Sierra.

ADA Complementary Paratransit provides origin to destination or door to door transportation service in accordance with the Americans with Disabilities Act of 1990 (ADA). This service is provided to individuals who, because of a physical or mental disability, are unable to independently use or access regular, fixed route bus service in Western Nevada County. This application provides you an opportunity to describe how your disability prevents you from independently using the fixed route bus system, in order for Nevada County Transit Services Division to determine eligibility for ADA Complementary Paratransit services.

Who qualifies for service and a description of the different levels of eligibility are described on the following pages, please review the requirements prior to completing the application.

Each application will be reviewed for eligibility. **Section 1** must be completed and signed by the applicant. **Section 2** is to be completed by a healthcare service professional, including but not limited to: medical doctor, physical therapist, occupational therapist, outpatient services, human services, social worker, independent living services or home health care provider. In order to be eligible, both sections must be filled out completely and signed by the appropriate individual and the application must be submitted to the Nevada County Transit Services Division.

In accordance with ADA regulations, a determination of eligibility will be made within 21 calendar days after receipt of your complete application.

Mail Completed Application to:

Nevada County Transit Services Division

12350 La Barr Meadows Rd., Ste 3

Grass Valley CA 95949

Phone: (530) 477-0103

Fax: (530) 477-7847

Web: www.NevadaCountyConnects.com

If you are interested in receiving free travel training to learn how to use our regular fixed route buses, please call **530-477-0103** for information.

ATTN: HEALTHCARE/SOCIAL SERVICE PROFESSIONALS – PLEASE SEE PAGE 9 TO COMPLETE YOUR PORTION OF THIS APPLICATION.

ELIGIBILITY

Eligibility for ADA service is directly related to the inability of a person with a mental or physical disability to use the existing regularly scheduled fixed route buses. It is not just based on the presence of a disability, but on the effect that the disability has on the person's ability to use the fixed route system. Requirements for paratransit do not apply to commuter bus service. Several factors must be considered when determining ADA paratransit eligibility. These include:

Individual Disability

Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.

Limited Accessibility of the Fixed Route System

Any individual with a disability who is unable to independently board, ride, or disembark from an accessible vehicle when the system is not fully accessible*.

**When the lift cannot be deployed at the boarding or disembarking location the person with a disability wishes to use, or a required mobility device such as a wheelchair cannot be accommodated.*

Environmental & Architectural Barriers

Individuals whose disability PREVENTS them from traveling to a boarding or disembarking location (Example: steep terrain, extreme temperatures, severe air pollution, or inability to negotiate architectural barriers to reach a specific bus stop) this is considered a conditional eligibility and a person may be eligible for only some trips. Architectural barriers not under the control of Nevada County/Gold Country Stage and environmental barriers (e.g., distance, terrain, weather) do not, standing alone, form a basis for eligibility under this paragraph. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility under this paragraph, if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location. Once an application has been reviewed and the applicant has met one or more of the requirements above, then a determination is made regarding that person's eligibility for using the ADA paratransit system.

Eligibility for Nevada County's ADA Paratransit Service (Nevada County Now) is classified as one of the following:

- Unconditional service: An individual who is unable to use the fixed route bus system under any conditions without the assistance of another individual (except the operator of a wheelchair lift).
- Conditional service: An individual who cannot travel to or from a boarding or disembarking location, or who is unable to use the fixed route system under some circumstances. Eligibility for service in this category will be determined on an individual trip-by-trip basis.

- Temporary Conditional service: An individual who, due to a temporary condition (i.e. broken leg/hip, use of a walker during rehabilitation), cannot travel to or from a boarding or disembarking location, or who is unable to use the fixed route system under some circumstances for a specific period of time. Eligibility for service in this category will be determined on an individual trip-by-trip basis.
- Visitors: Visitors who are currently certified for ADA service in another county, or who have a verifiable, limiting disability are entitled to comparable service within Nevada County. Nevada County Now service can begin once verification has been made. An application may be required if service is required more than 21 days in a calendar year.

WARNING: Please note that if a mobility device (i.e. wheelchair, etc.) is longer than 48” or wider than 30”, or if the combined weight of the applicant and device is more than 600 pounds, Gold Country Stage or Nevada County Now vehicles/equipment are unable to accommodate such devices or weights.

SECTION 1 – APPLICANT INFORMATION

Personal/Contact Information

<input type="checkbox"/> New Applicant	Last Name	First Name	MI
<input type="checkbox"/> Renewal	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address:			Apt/Bldg #
<input type="text"/>			<input type="text"/>
City:		State:	Zip Code:
<input type="text"/>		<input type="text"/>	<input type="text"/>
Home Phone:	Work or Cell Phone:	Date of Birth	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:			Gender:
<input type="text"/>			<input type="checkbox"/> Male <input type="checkbox"/> Female

Do you need a Personal Care Attendant (PCA)? Yes No For Certain Trips

Checking Yes on Personal Care Attendant means you need someone to travel with you in order to successfully complete a trip. A PCA is not provided to you; it is your responsibility to bring one and they travel free of charge.

Did you require assistance with this paratransit application process or will you need assistance with future correspondence/recertification? Yes No

If yes, to whom should important correspondence be mailed?

Last Name	First Name	Contact Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Secondary Contact Mailing Address:		Relationship to Applicant:
<input type="text"/>		_____

OFFICE USE ONLY (DO NOT WRITE IN THIS BOX)

ID # _____ Expiration Date: _____

Date Received: _____ Date Issued: _____

Certifier: _____ Eligibility Category: _____

Comments: _____

Please provide the name and telephone number of someone we can call in case of an emergency:

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact Phone:

						-													
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Disability/Health-Related Information

Please answer the following questions in detail. Your answers will help us in determining your eligibility. Please note that age is NOT considered an ADA disability.

1. What is your medical condition(s)/disability and how does it specifically prevent you from using the Nevada County Connects fixed route buses?

2. Please read the following statements and check the one that best describes your disability:

- I have a temporary disability and will only need paratransit service until I recover.
- I have difficulty remembering all of the things I have to do to use the fixed route bus.
- I am able to ride the fixed route bus independently.
- My disability impacts me more on some days than others (good days/bad days)
- I can never use the fixed route bus by myself.
- I can use the fixed route bus for some trips but not others.
- I believe I can learn to ride the fixed route bus if someone taught me.

3. Please indicate if you use any of the following mobility aids/equipment:

- | | |
|--|--|
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Power wheelchair |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power Scooter |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Crutches | _____ |
| <input type="checkbox"/> Portable Oxygen | _____ |
| <input type="checkbox"/> I do not require a mobility aid | _____ |

Ability to Use Nevada County Connects Fixed Route Buses

All regular fixed route buses have wheelchair lifts and handrails for ease in boarding.

4. Do you use the fixed route bus INDEPENDENTLY?

- Yes/Sometimes No

5. When is the last time you independently used the fixed route bus?

- In the past month In the past five years Never
 In the past year In the past ten years

6. Are there certain days/times you can use the fixed route bus but not others?

- Yes No Sometimes Don't know

If you have chosen Yes/Sometimes, please explain:

7. Have you ever successfully completed transit related travel training?

- Yes No

If you have chosen Yes, please elaborate with time frames & dates:

8. Are you interested in receiving free travel training to learn to use the local bus (this will not impact your paratransit eligibility determination)?

- Yes No

9. How would you describe the terrain where you live (e.g. flat, hilly, dirt roads, lack of sidewalks, etc.)?

10. How far from your home is the nearest public bus stop?

- Less than 1 block 3-4 Blocks I don't know
 1-2 blocks 5 or more blocks

11. How far can you travel on your own or when using a mobility aid?

- I can get to the curb in front of my home I can travel up to 3/4 mile (9 blocks)
 I can travel up to 1/4 mile (3 blocks) I can travel further than 3/4 mile
 I can travel up to 1/2 mile (6 blocks)

12. Do you have one or more of the following disabilities which may prevent you from independently using or accessing the fixed route bus system?

- Hearing Balance Memory
 Visual Breathing (COPD, etc.)

Please describe how the above disability(s) limits your ability to independently use the fixed route bus system.

13. Are you able to independently cross a busy street/intersection?

- Yes No

If you have chosen Yes, please explain:

14. Do any of the following environmental barriers prevent you from using the fixed route bus? Choose all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Unable to walk/wheel mile (6 blocks) |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Unable to walk/wheel mile (9 blocks) |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Lack of strength and endurance (hyper fatigue) |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Uneven travel path (dirt road, potholes, etc.) |
| <input type="checkbox"/> Night Blindness | <input type="checkbox"/> Air Pollution (pollen – allergies) |
| <input type="checkbox"/> Hills | <input type="checkbox"/> None |
| <input type="checkbox"/> Lack of Sidewalks | |
| <input type="checkbox"/> Lack of curb cuts | |
| <input type="checkbox"/> Bus stop not accessible | |
| <input type="checkbox"/> Good/Bad Day | |
| <input type="checkbox"/> Unable to transfer buses | |
| <input type="checkbox"/> Light sensitivity (sunny, overcast, etc.) | |
| <input type="checkbox"/> Unable to walk/wheel 50 feet (1 block) | |
| <input type="checkbox"/> Unable to walk/wheel mile (3 blocks) | |

Applicant's Certification and Release of Information

I certify that the information in this application is true and correct. I understand that knowingly falsifying any information may result in the denial of service by Nevada County Transit Services Division. I understand that all information will be kept confidential and only the information required to provide the services I request will be disclosed to those who perform the services.

AUTHORIZATION TO RELEASE PERSONAL MEDICAL INFORMATION

*I hereby authorize (name) _____, my health care or social service provider, to release my personal medical information, including the information requested in **Section 2, Healthcare Information**, to Nevada County Transit Services Division as necessary to verify my disability or health related condition. I understand that Nevada County Transit Services Division will only use this information to determine my eligibility for ADA Paratransit services.*

By signing below, I understand that I am giving my consent for Nevada County Transit Services Division to use and disclose my protected health information only for the purposes of providing ADA Paratransit services.

I understand that Nevada County Transit Services Division may directly contact my healthcare/ social service provider to verify information stated in my application and in Section 2, Healthcare Information, for purposes of ADA Paratransit eligibility. I understand that it is my responsibility to notify Nevada County Transit Services Division if my condition changes and that if my condition changes after I have been determined eligible, I may be asked to reapply. I understand that I may revoke this consent at any time by notifying Nevada County Transit Services Division in writing of my intent to revoke this consent form.

I understand I have rights over my health information, including the right to restrict the use of my health information, to examine and obtain a copy of this application and to request corrections.

Applicant's signature (required) _____ Date _____

SECTION 2 – HEALTHCARE INFORMATION

Healthcare/Social Service Professional Verification for ADA Paratransit Eligibility – *To be completed by professional who can best document applicant's abilities* *(a license is not required)*

Your client or patient is applying for Nevada County Transit Services Division's Americans with Disabilities Act (ADA) Paratransit service. To be eligible for this service, an individual must be unable, due to a mental or physical disability, to independently use accessible fixed route buses. Please note that all fixed route buses are equipped with ramps or lifts, thus eliminating the need to negotiate stairs. Age is not a determining factor for service eligibility.

Your participation is vital, as incomplete applications will not be considered and your client will not be able to use the ADA Paratransit service. Please keep in mind, the more complete information you provide regarding your client's abilities and travel challenges, the better Nevada County Transit Services Division staff can determine which travel service is appropriate for your client.

The information shared will be protected per the Health Insurance Portability and Accountability Act requirements, and your client or patient has agreed to allow Nevada County Transit Services Division to contact you to verify the information in this application. Your cooperation and assistance are greatly appreciated. If you have any questions or comments please do not hesitate to contact us at (530) 477-0103 x 1003.

Please submit the completed form to your client or submit the ENTIRE application package (including client portion) to:

**Nevada County Transit Services Division
12350 La Barr Meadows Rd., Ste 3
Grass Valley CA 95949**

Or, via fax: **(530) 477-7847** or email **NevadaCountyConnects@co.nevada.ca.us**
Marked **"ADA Paratransit Application – Confidential"**

HEALTHCARE INFORMATION

CLIENT NAME: _____

1. Which statement best describes your client's condition?

- Being treated and is expected to improve
- Permanent condition that is not expected to change

2. Will condition interfere with independent local fixed route bus usage?

- Yes No Sometimes (explain) _____

3. If condition will improve, please provide anticipated date client can begin/resume normal travel: _____

4. Have you ever prescribed or are you aware of a device your client currently uses?

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> White Cane | <input type="checkbox"/> Power/Electric Wheelchair |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> Walker | |

5. Are your client's symptoms episodic?

- Yes No Sometimes If you have chosen Yes/Sometimes, please elaborate:

6. Are you aware of any challenges your client has with balance or strength/endurance?

- Yes No Sometimes

If you have chosen Yes/Sometimes, please describe how they will impact travel:

7. Do you think your client could independently ambulate/wheel 3/4 mile on flat terrain (with a mobility device and brief rest periods if needed)?

- Yes No Sometimes If you have chosen Yes/Sometimes, please elaborate:

8. Are you aware of any challenges your client has with memory?

- Yes No Sometimes

If you have chosen Yes/Sometimes, please describe how they will impact travel:

9. Are you aware of any challenges your client has with breathing?

Yes No Sometimes

If you have chosen Yes/Sometimes, please describe how they will impact travel:

10. Are you aware of any challenges your client has with ambulating on hills?

Yes No Sometimes

If you have chosen Yes/Sometimes, please elaborate:

11. Do you have any safety concerns for your client/patient in using a local fixed route bus by themselves (e.g. compromised immune system, panic attacks, cognitive deficits, risk of falling, etc.)?

Yes No Sometimes

If you have chosen Yes/Sometimes, please elaborate:

12. Will inclement or extreme hot/cold weather have an impact on your client's abilities to use a local fixed route bus?

Yes No Sometimes

If you have chosen Yes/Sometimes, please elaborate:

13. Are you aware of any visual impairment that may challenge your client in using a local fixed route bus?

Yes No Sometimes

If you have chosen Yes/Sometimes, please elaborate:

14. Are you aware of any hearing impairment that may challenge your client in using a local fixed route bus?

Yes No Sometimes

If you have chosen Yes/Sometimes, please elaborate:

15. Are you aware of any inappropriate social behavior exhibited by your client?

Yes No Sometimes

If you have chosen Yes/Sometimes, please describe how they will impact travel:

16. Do you have any additional comments that may help document your client's abilities/ challenges in getting to, using, and commuting on a bus?

17. Please provide your professional contact information (Required):

Name: _____

Profession/Agency: _____

License # (if applicable): _____

Address: _____

Phone #: _____ Email _____

18. I certify that all statements made herein are true and accurate to the best of my knowledge.

Professional Signature _____ Date _____